

**CONFIDENTIAL WAUKESHA COUNTY ALCOHOL
TREATMENT COURT APPLICATION**

Complete Participant Handbook is available on the Waukesha County website at

<http://www.waukeshacounty.gov/CourtDivisions.aspx?id=25216>

Or on the WCS website at

<http://www.wiscs.org/ProgramDescriptions.aspx?ProgramID=85>

Criteria to be considered:

1. 3rd and 4th OWI only
2. Waukesha County Resident
3. No prior violent felony convictions
4. Motivation for Treatment
5. Length of jail sentence remaining to serve at time of application to ATC.

*****Please note that there is a required monthly program participation fee, which will be assessed based on ability to pay. This fee is mandatory and must be paid on a regularly scheduled basis in order to participate in the WCS Alcohol Treatment Court Program.***

Date: ____/____/____

Name: _____

Case #: _____

Address: _____
STREET CITY STATE ZIP

Phone Number: _____
HOME CELL/WORK

Age: _____ Date of Birth: ____/____/____ SSN: _____

Present Situation

Present Situation: Jail Huber EM Day Reporting (please circle one)

Date of Violation: ____/____/____ BAC: _____

Date of Conviction: ____/____/____ Sentence: _____ Report Date: ____/____/____

Do you have any other pending cases? ____Yes ____No

If yes, Case #: _____ Charges: _____ County: _____

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Are you on probation/parole? ____Yes ____No Charge: _____

If Yes, who is your agent/officer? _____ Telephone #: _____

Prior Record

Have you ever been convicted of a felony? ____Yes ____No

If yes, please list when and where: _____

Alcohol and other Drug Abuse History

Date of last use (Alcohol): ____/____/____

Other Drugs of Choice: _____

Date of last use: ____/____/____

____/____/____

____/____/____

Have you ever been in treatment/counseling for alcohol and/or drugs: ____ Yes ____ No

If yes, please list when and where and whether you completed: _____

Have you ever been in any mental health treatment/counseling: ____ Yes ____ No

If yes, please list when and where and whether you completed: _____

Are you currently attending 12-step self-help meetings? ____ Yes ____ No

If yes, Where? _____ How often? _____

Do you have a sponsor? ____ Yes ____ No Name: _____

(First Name Only)

How do you think that you will benefit from treatment? _____

_____.

Why do you think you would be a good candidate for this program? _____

_____.

Transportation Plan: How to get to court, appointments with staff, treatment, and any other program requirement? _____

_____.